

# *School Psychology: From Science to Practice*

The Quarterly Periodical of the Student Affiliates in  
School Psychology

## School Psychology: From Science to Practice

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### Periodical Description

Student Affiliates in School Psychology (SASP) is the student-led organization of the American Psychological Association's (APA) Division 16. *School Psychology: From Science to Practice* (FSTP) is the quarterly periodical of SASP. It serves as a multipurpose platform for promoting and disseminating graduate student scholarship; sharing applied knowledge and valuable practicum experiences; exchanging information and perspectives on critical issues in the field of school psychology; propagating scientific and applied insight from current faculty, practitioners, and interns; and informing the membership of relevant activities, opportunities, resources, and happenings within the organization.

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FSTP currently accepts articles for seven themed columns: Scholarship, Research Reviews, Lessons From the Field, Forum, Commentary, Chapter Spotlight, and Perspectives. All submissions should be submitted directly to the editor via email at [benders4@msu.edu](mailto:benders4@msu.edu). Submissions are accepted on a rolling deadline, therefore articles may be accepted well in advance of publication. For word count, content, and formatting guidelines for each column, please request the Manuscript Guidelines from the editor. All manuscripts should be submitted as Word documents and adhere to APA style.

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*The 2010 Executive Board wishes the 2011 Executive Board the best of luck!*

## Research Review

### **Attention Deficit Hyperactivity Disorder: Gender-Based Pathogenesis**

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#### ***Abstract***

*Attention Deficit Hyperactivity Disorder (ADHD) is a neurodevelopmental disorder that poses a serious public health concern. The vast heterogeneity involved within ADHD has complicated assessment and treatment of ADHD. Although ADHD is often viewed as a childhood disorder it is well established that symptoms of ADHD persist into adulthood. What remains unclear is the influence of gender on the pathogenesis of this disorder. The review explored the dynamic interaction of a gendered cultural context and the manifestation of ADHD symptoms. Specifically, the review analyzed the gender differences among children and adolescents with ADHD and compare to adults with ADHD. The review revealed important gender based differences that are developmentally specific.*

Attention Deficit Hyperactivity Disorder (ADHD) is the most researched psychological condition among children (Barkley, 2006). It is diagnosed in individuals who experience persistently severe or developmentally inappropriate levels of inattention, impulsivity, and/or hyperactivity. Such clinical-level symptoms result in significant impairment to the individual's daily functioning and leads to long-term negative outcomes such as social disadvantage, poor occupational or educational functioning, and an increased likelihood of developing more severe mental health disorders (Swanson et al., 1998). The prevalence of ADHD is generally estimated to range from 3 to 7 percent among the general population (APA: American Psychiatric Association, 2000). Although ADHD was viewed as a childhood disorder, it is estimated that 30 to 70 percent of children diagnosed with ADHD will still fulfill the diagnostic criteria as adults (Kessler et al., 2007).

There is no single etiological explanatory model of ADHD and it appears there never will be. What complicates such a possibility is the vast heterogeneity among individuals with ADHD. It is becoming widely accepted that ADHD results from multiple pathways originating mostly from interacting polygenetic predispositions and some environmental contributors such as lead or maternal smoking (Nigg, 2007). Other challenges facing ADHD researchers are controlling for other factors such as comorbidities, age, and gender. It is estimated that 40 to 70 percent of children and adults diagnosed with ADHD are likely to suffer from one or more co-occurring disorders such as Conduct Disorder (CD), Oppositional Defiant Disorder (ODD), depression, anxiety, substance abuse, and learning disabilities (Barkley, Murphy, & Fisher,

2008). Such heterogeneity has complicated research generalization and makes a stronger case for considering individual factors or a bottom-up approach when evaluating, treating and researching ADHD.

There is increasing evidence that ADHD is moderated by gender at many levels of analysis such as differences in genetic predispositions, behavior manifestations, psychological comorbidities, diagnostic and treatment patterns and overall prevalence rates (for a review see Barkley, 2006; Rucklidge, 2008). Even though boys and girls may experience similar ADHD core symptoms, the way they interact with their environment and how adults perceive and evaluate their behavior is moderated by their gender. In a school setting, where most ADHD diagnoses are initiated, boys are more likely to act-out and become more disruptive as a result of impulsivity and hyperactivity but girls manifest more subtle expressions and internalizing symptoms. Thus, boys are more likely to be referred, evaluated, and diagnosed much earlier whereas girls are often overlooked (Gaub & Carlson, 1997).

Studying gender differences has gained increasing attention over the past two decades, but much remains to be examined. Although greater effort has been made to identify how ADHD core symptom differ between males and females, no attention has been given to how gender serves as a distinct cultural context that ultimately influences the developmental continuity of ADHD core symptoms and its influence on co-occurring disorders throughout the lifespan. Hence, understanding the mechanisms by which the disorder is caused or the pathogenesis of ADHD may be advanced by considering the gendered cultural contexts in which it develops. For example, a boy who is impulsive and hyperactive is more likely to be tolerated than a girl who is as hyperactive and impulsive. But given the low tolerance of externalizing and disruptive behaviors in a classroom setting, and given that boys are more likely to be hyperactive and disruptive, they are more likely to be evaluated for ADHD than girls (Berry, Shaywitz, & Shaywitz, 1985). What will follow is an overview of gender differences among children and adults and an explanatory hypothesized developmental pathogenesis model is proposed. Such attention is needed in order to have a more exacting approach when evaluating, diagnosing, treating, and researching ADHD among males and females.

### **Sex Differences in Childhood ADHD**

It is generally accepted that boys are more likely to have ADHD than girls. The sex-ratio ranges from 3:1 to 9:1 depending on the sample source (APA, 2000). It is believed that in clinical samples, boys outnumber girls to a greater degree than in community-based samples (APA, 2000; Gaub & Carlson, 1997). Children referred to clinical settings display more severe symptoms and co-occurring disorders, regardless of gender (Biederman, et al., 2002).

The significant differences in prevalence rates raise important questions on whether ADHD is truly the same in boys and girls. One theory has been proposed to account for the gender-based variation within ADHD, namely, the Polygenic Multiple Threshold Model (PMTM: Cloninger, Christiansen, Reich, & Gottesman, 1978; Kashani Chapel, Ellis, & Shekim, 1979). The PMTM postulates a multi-factorial etiology that involves multiple genetic and environmental factors in the manifestation of sexually dimorphic disorders. Such potential causes combine

additively to shape the liability of a disorder such as ADHD. Sexual dimorphism plays a role because it is theorized that the sex with lower prevalence rates of a given disorder, also possess higher thresholds and lower susceptibility. From this perspective, it is consistent that girls studied in clinical settings show greater impairment than girls with ADHD in community settings or even when compared to boys with ADHD (Biederman et al., 2002; Gaub & Carlson, 1997). There has been numerous research supporting the PMTM in epidemiological and clinical-based ADHD studies (e.g., Biederman et al., 2002; Rhee, Waldman, Hay, & Levy, 1999; Sharp et al., 1999).

Sexually dimorphic hormonal, neurobiological, and genetic research supports the notion of biologically based sex differences within ADHD. One study investigated whether the prevalence differences are attributable to measurement bias or genetic predispositions. Teachers completed the Conners Teacher Rating Scale-Revised: Short Version (CTRS-R:S) for a sample of 800 male and 851 female 7-year old Dutch twins (Derks, Dolan, Hudziak, Neale, & Boomsma, 2007). They also conducted genetic analyses of 248 monozygotic males, 251 dizygotic males, 294 monozygotic females, and 234 dizygotic females. The researchers concluded that no sex differences were implied by CTRS-R: S ratings and that heritability rates for ADHD were comparable among boys and girls, but partly different genes were expressed in boys and girls (Derks et al., 2007). Such findings also support the possibility of different genetic pathways mediated by gender. A recent study found gender interaction with four genes commonly associated with ADHD. These include COMT (catechol-methyltransferase), SLC6A2 (norepinephrine transporter), MAOA (monamine oxidase-A), and SLC6A4 (serotonin transporter) (Biederman et al., 2008). Associations were stronger in males for COMT, SLC6A4, but SLC6A2 and MAOA were stronger in females. Another examination of COMT, which has been linked to novelty seeking and impulsivity, is highly transmitted to boys with ADHD but not girls with ADHD (Qian, Wang, Zhou, et al 2003). Such a link would support the externalizing symptoms that boys overwhelming display when compared to girls. An examination of MAOA, which is a gene on the X-chromosome and linked with inhibition, is strongly associated with girls (Biederman et al., 2008; Das, Bhomwmik, Sinha et al., 2006). Similarly, if such findings are repeated they could better explain why girls with ADHD are more able to inhibit their behavior but are at a risk of developing internalizing symptoms. Such genetic analyses, although still preliminary, show that different genes are associated with unique behavioral manifestations or endophenotypes between boys and girls. Consistent with such analysis are behavioral studies that repeatedly find boys to be more risk taking and impulsive but girls are more likely to display stronger behavioral inhibition (Bjorklund & Pelligrini, 2000; Gaub & Carlson, 1997).

Another illustration of significant gender differences that may have implications for ADHD symptoms have been connected within the process of embryogenesis or embryo development. McFadden (2008) found that males and females differed in measurements of prenatal and postnatal otoacoustic emissions (OAEs). It was highlighted that OAEs appear to be highly related to events occurring in prenatal development, specifically, the exposure to androgens a fetus receives. Sexual differentiation occurs as males are exposed to testosterone perinatally, whereas females develop in the relative absence of testosterone (Morris, Jordan, & Breedlove,



2004). McFadden measured OAEs in boys diagnosed with ADHD-PI (primarily inattentive type) and ADHD-C (combined type) in comparison to girls with the two types. Results indicated no difference between the OAEs in ADHD-C, but the OAEs of ADHD-PI were significantly weaker in boys suggesting more hypermasculinization due to prenatal androgen exposure. In addition, another study linking prenatal hormone exposure revealed that more masculinized finger-length ratio of boys with ADHD, but not for girls (Martel, Gobrogge, Breedlove, & Nigg, 2008). The implication is that "gonadal hormones may exert permanent organizational effect on sexually dimorphic finger-length ratios and sexually dimorphic behavior expressed in childhood ADHD" (Martel et al., 2008; p. 273).

Thus far, it is clear that biological gender differences are implicated and may explain why boys are more likely to develop ADHD, but the saliency of the gender impact is dynamically intertwined with the cultural environment throughout development. For instance, there are significant behavioral and symptomatic differences among boys and girls with ADHD. Gaub and Carlson (1997) conducted the first meta-analysis (17 studies) that examined sex differences within ADHD. They found no sex differences on impulsiveness, global academic performance or social functioning. However, significant differences were found in that boys manifested more externalizing symptoms while girls experienced more internalizing symptoms. As such, boys were more likely to have comorbid Conduct Disorder and/or Oppositional Defiant Disorder, but girls were more likely to have comorbid anxiety or depression (Gaub and Carlson, 1997). Gershon (2002) conducted the second meta-analysis looking at gender differences. He used more lenient inclusion criteria that resulted in more synthesized studies (38). Unlike the prior meta-analysis he carefully calculated weighted and un-weighted effect sizes as it relates to the sample size. Despite having more studies and greater statistical control, the results obtained were in large agreement with the previous meta-analysis, except that he found significant sex differences in all primary symptoms of ADHD. Females were rated as significantly less impaired than males on hyperactivity ( $d=.29$ ,  $p<.05$ ), inattention ( $d=.23$ ,  $p<.05$ ), and impulsivity ( $d=.22$ ,  $p<.05$ ). Similarly, females were significantly less externalizing ( $d=.21$ ,  $p<.05$ ) and significantly more internalizing ( $d=-.12$ ,  $p<.05$ ). Other significant differences emerged when comparing intellectual functioning. ADHD females performed significantly worse on Full Scale IQ ( $d=.27$ ,  $p<.05$ ) and Verbal IQ ( $d=.37$ ,  $p<.05$ ). These differences have subsequently been replicated using large samples (e.g. Biederman et al., 2002; MTA, 1999). Such findings show that boys and girls with ADHD are expected to display substantially different behavior and experience distinct difficulties with environmental demands (e.g. school environment). Also the significant cognitive impairment found among girls highlight the importance of having a gender-specific approach. Surprisingly, ADHD is still evaluated, diagnosed, and treated in the same manner for boys and girls (APA, 2000).

Although ADHD is commonly accepted as a biologically based disorder, it is descriptively diagnosed through the use of behavior rating scales, observations, and interviews. Consequently, such subjective reporting is also influenced by gender-specific normative perceptions and gender-specific ADHD behavior manifestations. In an observational



classroom study that involved 403 ADHD boys and 99 ADHD girls, boys were found significantly more disruptive and engaged in rule breaking and externalizing behavior (Abikoff, Jensen, Arnold, et al., 2002). Another similar study found that teachers requested significantly more parental help with management in diagnosed boys than with girls because boys were frequently “unruly, lost control and got into fights” (Berry, Shaywitz & Shaywitz, 1985: p. 804). It has been inferred that due to possibly more externalized disruptive behavior by boys in the classroom, leads to greater referrals; whereas girls may have more internalizing symptoms and will be less likely to be referred (Berry, Shaywitz & Shaywitz, 1985; Biederman et al. 2002). Such differences in overt behavior has lead many researchers to argue that sex differences are best explained by a systematic bias in the referral and assessment process, starting with the DSM-IV-TR criteria itself, but as will be discussed, referral bias is not a sufficient explanation (Barkley, 2006; Gaub & Carlson, 1997). The DSM-IV criteria were developed based on samples that largely consisted of boys and the behaviors that describe symptoms that are more common for boys than girls ADHD behaviors (Ohan & Visser, 2009). Therefore, many girls who have impairing symptoms may still not reach the threshold outlined by the DSM-IV criteria (Frick et al., 1994; Lahey et al., 1994). A study examined 1,491 school age children by using behavior ratings completed by parents and teachers that assessed ADHD core symptoms. The goal was to evaluate boys and girls based on gender-specific norms and also DSM-IV criteria to examine if any diagnostic differences emerged. They found nearly 41 girls (581 total girls) and no boys--that did not meet DSM-IV criteria, but were significantly impaired as compared to same sex norms (e.g. exceeded CI 95%; Waschbush & King, 2006). Also, consider the Behavior Assessment System for Children (BASC) rating scale norms. The BASC is often used in schools and clinical settings to report ADHD symptoms by teachers and parents. The sample norms for the BASC were stratified by gender and show that males were rated one third to one half of a standard deviation higher than females on hyperactivity, attention problems, and other relevant subscales (Reynolds & Kamphaus, 1992, as cited in Reid et al. 2000). Such evidence implies that girls, but not boys, have different diagnostic threshold as a function of group comparison.

### **Sex Differences in Adulthood ADHD**

It is now clear that ADHD can be persistent and lifelong disorder in both males and females, but it is not clear how childhood differences impact the developmental pathway into adolescence and adulthood. One way to examine the effect is to compare the patterns of childhood gender difference with adult ADHD gender differences. Examining gender differences among adults is more complicated than among children for many reasons. First, research on adult ADHD is not as extensive and the diagnostic process is fundamentally different. Children are often passive in how they are diagnosed and treated, but adults are the primary actors who self-refer and seek-out treatment. This is a significant difference because females are more likely to seek mental health services than males (Barkley, Murphy & Fisher, 2008). Also, diagnosis is not standardized and is often conducted differently at various clinical settings. In accordance with the DSM-IV criteria, a diagnosis of ADHD requires that core symptoms must be present prior to the age of seven and that such symptoms contribute to dysfunction in two or more settings for at least six months (APA, 2000). Among children 9

this is relatively easier to meet since most ADHD referrals are initiated by teachers and parents as a result of behavioral or academic dysfunction, but among adults, dysfunction can be present with more domains such as employment, social and family relations or general disorganization, distractibility and restlessness (Barkley, Murphy & Fisher, 2008). In adulthood, retrospective symptom identification and self-ratings often substantiate the diagnosis at clinical setting. There is also the possibility of conducting a comprehensive neuropsychological evaluation and corroborating evidence from family member or prior academic records (Barkley Murphy, Fischer, 2008). As a result, it becomes a complicated task in evaluating sex differences among adults as compared to sex differences in childhood, but such an analysis is important to begin understanding the connection between childhood and adulthood ADHD through the gender lens.

The prevalence estimates of adult ADHD are less substantiated. Estimates range between 2 to 4 percent (Fayyad et al., 2007). It is estimated that 60 to 70 percent of children with ADHD still meet criteria as adolescents (Barkley et al., 1990). It should be noted that hyperactivity in childhood developmentally wanes down and as a result those diagnosed with the combined type are re-diagnosed as having the inattentive type and children who were only hyperactive may no longer meet diagnostic criteria (APA, 2000). The overall persistence rate into adulthood has been estimated to be 40 to 50 percent (Barkley, Murphy & Fisher, 2008). Other diagnostic issues include under or over reporting of symptoms, poor retrospective recall of childhood symptoms, or desire to obtain a diagnosis of ADHD for legal purposes (Barkley, Murphy & Fisher, 2008).

The picture of gender differences in adulthood is less understood as the difference in childhood. During childhood, males outnumber females significantly and display more severe symptoms and experience more adverse behavioral and educational consequences (MTA: Multimodal Treatment Study of ADHD, 1999). The prevalence sex ratio is roughly the same for males as it is for females (Faraone et al., 2000), but akin to childhood, females are more likely to experience co-occurring internalizing disorders and males are likely to experience externalizing disorders such as conduct disorder and antisocial personality (Barkley, Murphy & Fisher, 2008).

In childhood, females are likely to be diagnosed with the inattentive type but in adulthood three out of four women are diagnosed with the combined type and were rated as more impaired with more co-occurring disorders than males (Robinson et al., 2008). It has been noted that females, by adolescents begin to exhibit greater psychological distress than males and exhibit more psychological restlessness (Rucklidge & Tannock, 2001). In the same study, females were viewed as more at risk overall for psychiatric disorders and hospitalization. Adolescent and adult females were 3.5 times as likely to develop eating disorders and 2 times as likely to develop major depression or dysthymic disorders as compared to males (Turgay et al., 2006). Other studies indicate that women are more likely to have interpersonal problems and low self-efficacy. Additionally, attentional impairments that went untreated contributed to development of secondary emotional problems and the longer they were untreated

the more severe symptoms experienced (Rucklidge, Brown, Crawford, et al. 2006). Therefore, the picture of gender differences is almost flipped in adulthood when compared with childhood; suggesting the consequence of overlooking internalizing symptoms during childhood may be contributing to the more severe outcomes for females during adulthood (Table 1 and Figure 1). Despite these differences, research subjects continue to be predominately male among adult samples, estimated at 80 percent (Valera et al., 2010).

**Table 1. Comparison of Major Sex Differences During Childhood and Adulthood**

ADHD in Childhood	ADHD in Adulthood
<ul style="list-style-type: none"><li>• Males outnumber females up to 9:1</li><li>• Males more externalizing and females more internalizing</li><li>• Males more likely to be diagnosed with combined type and females with inattentive type</li><li>• Males referred earlier and treated more frequently but females are referred later and treated less often even when diagnosed</li><li>• Diagnosis initiated by teachers and parent due to dysfunction at home and at school</li><li>• Males make up 80 percent of research samples</li></ul>	<ul style="list-style-type: none"><li>• Sex ratio roughly equal 1:1</li><li>• Males more externalizing, females more internalizing with higher rate of severe mental health comorbidities</li><li>• Females and males equally likely to be diagnosed with combined type</li><li>• Self-referral and treatment are roughly equal</li><li>• Diagnosis initiated by patient due to dysfunction in multiple domains of life (e.g. work, personal relationships, law)</li><li>• Males make up 80 percent of research samples</li></ul>

### **Gendered Pathogenesis**

Thus far, gender differences in childhood and adulthood ADHD have been presented with implication of a gender-based developmental mechanism. It is now important to highlight explicitly how such a pathway is influenced by gender (Figure 1). The pathway begins by potential referral bias in which boys, who are more externalizing, are identified earlier and treated more often because of the school setting's demands for controlled and appropriate behavior. Girls on the other hand are more inattentive and internalizing; thus they are less noticed and treated at a much later age. Such later identification leads to development of more severe symptomology and greater likelihood of experiencing other mental health disorders and a greater sense of low self-efficacy. Boys on the other hand become developmentally less hyperactive and may have a lower persistence of ADHD into adulthood. Also, even when symptoms persist in males, they are less likely to self-refer to obtain mental health help whereas females are more likely to seek mental health services. This could also be caused by the increasingly more impairing internalizing symptoms they have incurred over time. It has been documented that women with ADHD that self refer to mental health clinics, often do so for anxiety and depression rather than ADHD because ADHD among females is not well known and even clinicians are less sensitive to ADHD in females (Barkley, Murphy & Fisher, 2008). In one of the few longitudinal studies that followed boys and girls with ADHD into adulthood, documented that girls are 2.4 times more likely to have a psychiatric admission in adulthood when compared to boys (Dalsgaard et al., 2002: p. 416).

Figure 1. Gendered Pathogenesis of ADHD



### Conclusion

Attention Deficit Hyperactivity Disorder is a biologically based neurodevelopmental disorder that causes serious functional impairment in many domains of life for males and females. It is a disorder that is highly heterogeneous and has a high rate of homotypic and heterotypic persistence from childhood into adulthood. Over the decades it has become clear that multiple causal pathways exist in which gender is an important moderating factor. Although females and males may experience similar symptoms, their developmental experiences and comorbid profiles are substantially different. In childhood, girls are identified much later, treated much less, are less disruptive in class, appear to have less symptomatic ADHD profiles, and females are outnumbered by males up to a ratio of 9:1.

In adulthood a completely different picture emerges. Females are as likely as males to be diagnosed with ADHD and display a more symptomatic and impaired clinical profiles. Unfortunately they continue to be underrepresented in research samples. It is imperative for research to consider stratifying and interpreting outcomes in gender-specific context. The evidence reviewed above clearly displays reasons for doing so. In general, ADHD research and practice need to realize that gender may serve as a distinct cultural context in which ADHD develops (Figure 1). Recognizing gender's contribution to the manifestation of symptoms will aid the development of more appropriate prevention and intervention efforts and will contribute to more specific theoretical framework of ADHD.

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## A Comparison of Counseling Theories: Psychoanalysis, Gestalt Therapy, and Cognitive-Behavioral Therapy

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### **Abstract**

*The aim of this review is to take an in-depth examination of the current research on Psychoanalysis, Gestalt therapy, and Cognitive-Behavioral therapy. Research suggests that all three therapies may be effective in different situations. Psychoanalysis provides a deeper, more radical look into one's past and childhood trauma. Gestalt therapy focuses on the desire to change and become who we want to be. Cognitive-Behavioral therapy is centered on changing maladaptive behaviors and thought processes by learning more efficient ways of thinking and behaving. When compared to one another, all theories seek to relieve psychological pressure and emotional distress and provide help through the therapeutic relationship and subjective techniques. Cognitive-behavioral therapy has the most research evidence to prove that it is effective, while Gestalt therapy and psychoanalysis are more difficult to empirically study.*

"Do no harm". This is the essence of the medical practitioner. The field of counseling assumes the same role, seeking to help others achieve more adaptive, fully-functioning lives. Each theory, like the human species, is separate and unique. But when combined together in a multidimensional format, therapy becomes innovative and a foundation to build newer, more effective approaches upon. In order to form a blend of therapy that will best assist each client, one must fully grasp each therapy's similarities and differences (Kaplan, 2004). We are all different. We are a mixture of our relationships, our cultures, our feelings, our thoughts, our past and our future. The field of counseling is designed in the same fashion: a special concoction of ideas drawn from different times and theorists that fit together to help each individual.

In this review, three specific theories are examined in detail and compared/contrasted in their effectiveness by describing different scenarios. By exploring the current literature available on psychoanalysis, Gestalt therapy, and cognitive-behavioral therapy (CBT), this review will provide a more accurate understanding of how the theories compare, how they are different, and the effectiveness of each.

### **Psychoanalysis**

Initiated by Sigmund Freud, psychoanalytic theory focuses on the internal psychic forces that dictate our behavior, commonly referred to as the "unconscious" (Corey, 2009). Corey (2009) describes how this theory was the first of its kind that attempted to understand and analyze the *reason* behind one's character and personality development. Freud believed that we process our conflicts that unconscious level and are affected by our



culture, thus shaping our unique characteristics (Kaplan, 2004). Psychoanalysis is primarily concerned with what “lies beneath the surface” of our thoughts, feelings, and behaviors. Some would even say that our issues are completely internal; external ideas and forces do not play a role in one’s personality functioning (Tubert-Oaklander, 2006). Its focus is on the past and delves a great deal into someone’s most inner thoughts and feelings, some they might not even be aware of. The theory is based on eliminating pain or conflict and creating a healthy, normal personality. In a review by Kaplan (2004), normal development according to psychoanalytic theory occurs when a child develops a sense of who they are by integrating their relationships with others and escaping any past trauma. Personality development is broken into different stages throughout childhood and each stage contributes to the character of the individual (Corey, 2009). If the stage is not met correctly, abnormal personality development can occur leaving the person “stuck” or fixated in a certain behavior or thought process (Barlow, 2009). For example, Freud believed that someone with Obsessive-Compulsive Disorder (OCD) could have been fixated in the anal stage because of the need to potty-train, becoming aggressive over repetitive soiling of the diaper, and thus changing their behavior into ultimate cleanliness (Kring, 2007). Kring (2007) also states that this theory assumes abnormal behavior can occur because people do not have insight into what their problems may be and what has happened in their past to create their present. The therapist’s job here is to help increase the client’s self-reflection and their tolerance for past issues, helping them develop a window with which they will view their current maladaptive functioning (Cutler, 2004). Psychoanalysis can provide help with nurturing and facilitating proper techniques for working through such conflicts.

Kring (2007) details some of the main techniques involved in psychoanalysis: free association, interpretation, and analysis of transference. In free association, the client is directed to say anything they are thinking at the moment, regardless of any perceived consequences. This type of activity is then interpreted by the therapist by giving them the “true meaning” of what they have said or done. If a client is behaving towards the therapist in a way that resembles how they interacted with another important figure in their life, the therapist would then analyze and interpret this meaning and share with the client the roots of their behaviors, otherwise known as transference. The therapist is taught to pay close attention to any transference reactions so that they may be able to manage and interpret any anger, resentment, aggression, or passivity (Cutler, 2004). Transference will also help the therapist reveal any unconscious thought processes or repressed relationship ideas the client has in a more concrete way. This type of therapy encourages its clients to approach their psychic conflicts by complaining, projecting, and challenging the therapist (Milton, 2001).

### **Gestalt Therapy**

Gestalt Therapy was founded by Fritz Perls and takes an existential view on life and psychology (Corey, 2009). Corey (2009) explains how it focuses on subjective reality, not on what is normal for everyone else. He describes how Gestalt therapists believe that humans are constantly changing, becoming who they were meant to be, and discovering how to reinvent themselves. Corey (2009) also goes on to state that Gestalt therapists are grounded<sup>16</sup>

in the idea that people can change when they realize who they are, rather than trying to be someone they are not, known as the paradoxical theory of change. Cannon (2009) also agrees with this paradox by stating that we can alienate ourselves from others and who we want to be by trying too hard to be what we are “supposed to be”. In a review by Gaffney (2006), Gestalt therapy can be seen as an approach that can thank many different ideas and nations for its existence, such as Germany, Europe, and a solid Jewish tradition. Kring (2007) describes this theory to be a combination of existential and humanistic ideas, meaning that humans are innately good, we are born with a “blank slate”, and the environment of therapy should be one that allows the client to express their feelings and thoughts openly and honestly. Perls determined that abnormal behavior and functioning could occur from our lack of spontaneity to be someone new or from our inability to change our personalities because of our past (Cannon, 2009). The focus is on the “here and now” and Gestalt therapy has many different techniques to approach problems currently and become more aware of behavior.

Kring (2007) explains some of the Gestalt techniques: change in language, the empty chair, projection of feelings, attention to nonverbal cues, and metaphors. In changing their language, clients are instructed to recognize when they speak of themselves or their behaviors as an “it” entity instead of taking ownership and using the words “I” or “my”. The empty chair technique is one of the most popular and unique characteristics of this therapy because it allows the client to act out their feelings and thoughts about another person or thing without the person actually being there. They speak to an empty chair as if the person was right in front of them. It allows the clients to more easily confront what they are truly feeling. This technique can also lead to discovering how the past has prevented someone from being fully functioning in the present (Cannon, 2009). Another technique described by Kring (2007) is the therapist’s attention to the client’s nonverbal language. This can include body language or facial expressions and even tone of voice. The Gestalt therapist believes that a lot can be said about what the client is *not* saying: very similar to reading between the lines. Metaphors are also used with Gestalt therapy as a way to point out an underlying theme in relationships that most of the time the client is unaware of (Kring, 2007). For example, in couple’s counseling using this technique, while the couple might be acting out a scenario that they normally experience, the therapist would stand in between them acting as a metaphorical wall in their relationship: something they may not know is even present. When this is pointed out, many people are more apt to make changes and see their relationships more effectively and accurately (Kring, 2007).

Since Gestalt therapy is focused on generating awareness of the current situation, different exercises are used to help the client be content with accessing this awareness without slipping back into their past or becoming too preoccupied with their future (Cannon, 2009). These experiments are rooted in their ability to allow individuals the freedom of trying new ways of becoming.

### **Cognitive-Behavioral Therapy (CBT)**

Cognitive-Behavioral Therapy (CBT) is the most recent of the therapies discussed in this review. It is also an “umbrella” therapy because it includes behavioral therapy, cognitive

therapy, and social-learning theory (Corey, 2009). As detailed by Corey (2009), this theory is based on observable behaviors, cognitive processes, learning experiences, and individual treatment plans for each client. Corey (2009) also states that CBT is now the mainstream for this branch of therapy encompassing the ideas of such theorists as Skinner, Pavlov, Bandura, Beck and Lazarus. Beck was actually able to desensitize himself to his fear of blood/injury, heights, and abandonment by using his strategies for CBT on himself (Milton, 2001). These theorists had the joint idea that we had incorrectly learned certain behaviors in our childhood and that we maintained those behaviors by having negative cognition. CBT believes that we are the artist and the paint, basically meaning that we create the change in our lives and we live out that change. The therapist-client relationship is seen as collaborative where the therapist enlists to train the client in better life skills (Milton, 2001). Milton (2001) also suggests that the therapist must have adaptive interpersonal skills and also be sensitive to the clients' lives and needs. Therapists believe in self-efficacy, which means they are certain that their clients can achieve their desired goals as long as they are willing to (Kring, 2007). CBT helps clients understand the relationships between what they think, how they feel, and how they react (Cutler, 2004). Cutler (2004) also claims CBT assists clients in recognizing their everyday automatic reactions that affect their core belief system and play a role in changing their behavior. Since this theory is very scientific and views behavior as systematic and based on learned processes, it is the most empirically-sound of the previous theories discussed.

The essence of CBT techniques is the new behavior it seeks to create. Some of these techniques include conditioning, systematic desensitization, and modeling (Kring, 2007). In conditioning, the client is taught to change their response to a certain stimuli. With systematic desensitization, which is used in most specific phobias, clients are taught to relax their muscles and then when they are calm they work through a hierarchy of their anxieties until they no longer feel anxious even in their most feared situation. Modeling is successful in treating certain phobias as well by having the client successfully watch someone else conquer a fear such as snakes or dental work. When the client sees the other person handling the fear, they can model their own behavior after what they have seen, in an effort to help them face their own anxieties. In a clinical case conference presented by Cutler and colleagues (2004), techniques for helping depressive symptoms with CBT included a behavioral activity aimed at showing the client there was more pleasure in his life than he was allowing himself to experience. CBT helped him to monitor feelings, thoughts, and emotions in certain situations, allowing the client to discover his maladaptive thought process and create new behavior patterns. Another study conducted by Blanchard and colleagues (2004) on post-traumatic stress disorder (PTSD) showed that CBT was an effective treatment plan in reducing or almost eliminating PTSD symptoms at the one and two year follow ups.

### **Comparison of Theory Effectiveness**

All three theories have proven effectiveness in different situations. With the current research, one could not definitely say that in every condition and scenario any one theory is more effective than another. This connects us back to the idea behind multidimensional counseling.

In an analysis by Milton (2001), CBT is regarded as the therapy of choice over psychoanalysis because of its empirical support, rationality, cost effectiveness, training time, minimal intrusiveness, and social acceptance. Milton goes on to describe the similarities of the theories including the self-analysis both Freud and Beck completed in order to develop more accurate theories and both theories are based on learning; CBT on cognitive learning and psychoanalysis on emotional learning. Cutler (2004) describes how the therapeutic relationship is definitive in both theories as a means of producing change. As far as differences, the analysis by Milton (2001) claims the change that occurs in psychoanalysis is separate from the cognitive insight that might be achieved. In CBT, a lot of the change that occurs is *reliant* on the fact that clients realize their maladaptive behaviors and actively seek to change them.

In examining the effectiveness of Gestalt therapy, one study was conducted by Shen (2007) that looked at the change in emotional and behavioral strengths when using Gestalt-play therapy vs. a cognitive-verbal therapy in adolescents. Results demonstrated that Gestalt therapy was more effective at enhancing family involvement skills while the form of CBT was more effective at enhancing affective strength. In assessing theoretical principles, Cannon (2009) describes how Gestalt and psychoanalysis differ in their views on the existence of the unconscious. She also goes on to state that although both theories work with dream analysis, the psychoanalytic use of the unconscious in dream work is far different from how the Gestalt theorists see the dream as a message into how the person is currently experiencing emotions. A similarity between Gestalt therapy and psychoanalysis is their view on the therapeutic relationship (Evans, 2007). Aron (as cited in Evans, 2007) stated that the relationship is always growing and reestablishing itself.

## **Conclusion**

Psychoanalysis, Gestalt therapy, and CBT are all effective means of counseling. Although CBT has the most empirical evidence to establish its reliability, psychoanalysis and Gestalt therapies are effectively being used in different health-care settings. The amount of research available on psychoanalysis techniques, Gestalt techniques and their respective effectiveness is limited by their nature. When using the scientific method, it is very difficult to fully randomize and control psychoanalysis and Gestalt techniques without the study becoming more qualitative rather than quantitative. However, with CBT, research results suggesting its effectiveness are in abundance. According to Mash and Wolfe (2005), CBT has been shown effective with anxiety-reduction, coping skills for child abuse, and depression in both children and adults. As stated previously, every human being is unique and functions subjectively and differently from the next. Counseling theories are created in the same ideal, regardless of the principles they are derived upon: to help facilitate more adaptive behaviors and thought processes based on our exclusiveness as individuals.

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## Forum

### **There's An App for That! Creating Opportunities to Learn Using New Media: Advances in Assistive Technology**

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Disabilities can affect how a child thinks, socializes, behaves, develops, moves, and often how a child learns. With advancements in educational technology, the continued expansion of the Internet, and innovations in gaming and mobile media, supporting a child's unique needs is now easier than ever... and can be fun, too! The Individuals with Disabilities Education Act of 2004 defines assistive technology as any item or service that helps improve functioning for a child with a disability. Assistive technology can improve functioning of a child with a disability, but can also benefit all children, at school and at home. Innovators in new media (or devices that use computers and the Internet) are creating products and programs that can improve the functioning of children with disabilities while supporting the learning of all children. The following list includes only a handful of the many products and programs available for use in the schools and/or in the home today.

#### **Smart Technology**

The Smart Board is an interactive white board that also functions as an oversized computer screen. It contains a microphone and speaker system useful in amplifying a teacher's voice for children with hearing deficits. The board's large, bright screen helps children with visual impairments see teachers' lessons, too. Compatible keyboards and a remote system that includes both alphanumeric and picture remotes allow children to contribute to class-wide activities from their seats. Instructing smaller groups of children can be enhanced by use of a Smart Table, a multi-touch, multi-user learning center. Both the Smart Board and Smart Table can be useful for integrating Internet-based resources and interactive software (e.g., a cyber dissection of a frog) into classroom lessons. This increases visual aids in instruction, and assists teachers in designing lessons that encourage all children to be actively engaged in educational material.

#### **Applications**

A multitude of applications (or "apps") are available to support children's learning. These applications (supported by select mobile phones, computers, and MP3 players) have been developed to increase visual, auditory, spatial, and physical/motor skills, as well as enhance functioning related to memory, organization, and decision-making. For example, Proloquo2Go and iConverse are two applications that convert pictures to speech. iPHABET ABC Flashcards can assist children in improving letter-sound correspondence and vocabulary.

acquisition. These three applications may be of use to emerging readers, and also to children with expressive language disabilities. Another application useful for children with disabilities is QuickCues, which provides social scripts for children who need support initiating conversation and responding to communication from others. With easy access to such applications made possible on certain mobile devices, children can use assistive technology (and learn) virtually anywhere.

### **Gaming Devices**

Video game consoles provide a platform for children to play games that aim to develop academic and social skills, as well as physical coordination. Assistive technology, such as TapToTalk, a program for children with speech delays that allow users to tap pictures to relay their thoughts, needs and emotions to others, increases the accessibility of these devices to certain children. Adapted controllers function to increase accessibility to games as well. Some controllers made now can be worn on the head, operated by the chin, or used through movement of the tongue. Additionally, select gaming consoles and personal computers support the use of an accessory pad that requires only one hand to operate. Finally, with the purchase of an EyeToy, gamers can use a webcam with a built in microphone to play games using only gestures and their voice.

Assistive technology encompasses a variety of new media devices that can have profound impact on children with disabilities. These devices can also be useful and engaging for children without disabilities, too. All children have increased access to support and knowledge when new media is used to teach. With computers, “apps,” and games designed to foster growth in children today, who said learning can’t be fun?

### **Resources**

- For more information about assistive technology:
  - Standards.gov  
[http://standards.gov/standards\\_gov/assistiveTechnology.cfm](http://standards.gov/standards_gov/assistiveTechnology.cfm)
  - Kids Together, Inc.  
[www.kidstogether.org](http://www.kidstogether.org)
  - TapToTalk  
[www.taptotalk.com](http://www.taptotalk.com)
  - EyeToy  
[www.us.playstation.com](http://www.us.playstation.com)
- For information about Smart Boards and Smart Tables:
  - Smart Technologies  
[www.smarttech.com](http://www.smarttech.com)
- To browse applications that can enhance and support access to learning:
  - Android Market  
[www.android.com/market](http://www.android.com/market)
  - Apple  
[www.apple.com](http://www.apple.com)



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## **Practical Considerations for Creating School- and Classroom-Wide Reading Incentive Programs that Support the Development of Engaged Readers**

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### ***Abstract***

*The need to foster “engaged readers” is critical within schools for several reasons. Perhaps most notably, engaged reading not only supports the successful acquisition and internalization of reading skills but is associated with academic achievement more broadly. Reading incentive programs are common in many schools, but may be implemented even more rigorously during the month of March because of National Reading Month. The vast body of literature examining the use of extrinsic rewards for behavior-change purposes suggests that extrinsic rewards can play a powerful role in shaping students’ behaviors. On the other hand, implementing positive reinforcement programs using extrinsic rewards requires careful planning and training in order to be effective. There is also considerable debate among researchers regarding the impact of extrinsic rewards on student’s intrinsic motivation to participate in the behavior. The current article highlights several key findings within the behavioral and motivational literatures regarding the use of extrinsic rewards and provides practical suggestions for school psychologists to facilitate the development of reading incentive program that better aligns with practices supported by research and thus, are more likely to foster engaged readers.*

With National Reading Month (March) just a few months away, many schools are likely to be preparing to implement reading incentive programs (or getting ready to increase the intensity of year-long incentive programs already in place) to encourage students to read. Reading incentive programs often provide extrinsic rewards such as prizes, pizza parties, tokens or social recognition for reading a certain number of pages, books, or spending a certain number of hours reading during the month of March. Research suggests that these reward systems can play a powerful role in encouraging students’ initial participation in an activity or behavior (e.g., Bear, 2010); however, these programs require careful planning and attention to how rewards are delivered in order to be effective. Furthermore, there is considerable debate regarding the impact of extrinsic rewards on student’s intrinsic motivation to engage in an activity which could have implications for schools’ ability to foster the development of engaged readers (e.g., Deci, Koestner & Ryan, 1999, 2001).

School psychologists receive extensive training in school-based consultation and consultation is often one of the major activities school psychologists’ engage in within schools (Ysseldyke, et al., 2006). Thus, aiding administrators and teachers in developing a new program or altering an existing reading incentive program to better align with empirically-supported practices for delivering positive reinforcement via the use of extrinsic rewards, may fit naturally within this already established consultation role. However, in order to aid schools – and school

psychologists in particular - in supporting the development of engaged readers, a more nuanced understanding of the implications of engaged reading and extrinsic reward systems is needed. To achieve this end the current article seeks to effectively summarize the behavioral and motivational research literature regarding the appropriate use of extrinsic rewards, identify the potential implications for reading incentive programs, and outline specific strategies that school psychologists can use to facilitate the development of reading incentive programs that support students in becoming engaged readers.

### **Engaged Reading**

Engaged readers are defined as being “intrinsically motivated to read for pleasure and for enjoyment” and “internally motivated to use cognitive strategies and knowledge during reading activities” (Guthrie, 2000; Guthrie, Rueda, Gambrell, & Morrison, 2009, p. 203). In short, these students read because they like to and are driven to understand what they read. Intrinsic motivation refers to all the internal reasons an individual may choose to engage in a behavior or activity including reasons such as a desire to learn and gain knowledge, personal curiosity, or because enjoyment is gained from participating in the activity or behavior. Ideally, schools not only support the development of students’ reading skills, but also work to create contexts in which all students are motivated to read by these internal reasons because research on literacy development supports a link between academic achievement and engaged reading. In a large-scale study that sampled hundreds of students from across the United States (ages 9, 13, and 17), Campbell, Voelkl and Donahue (1997) found that students who displayed high reading engagement also had higher reading achievement levels. Interestingly, comparisons across the age groups revealed that 17-year-old students with low reading engagement achieved at a lower level than more highly engaged 13-year-old students. In other words, these findings suggest that supporting students in becoming engaged readers is important because of the potential implications on academic achievement more broadly.

### **Positive Effects of Extrinsic Rewards**

Given that some students are not intrinsically motivated to read, they may benefit from the use of extrinsic rewards to encourage their participation in reading. As summarized by Bear (2010), “research convincingly demonstrates that praise and rewards are often quite effective in controlling and managing student behavior” (p. 110). Moreover, it is generally agreed upon by researchers that praise and rewards are appropriate for use with students who do not demonstrate the desired behavior(s) or those students who display lower-than-expected levels of the desired behavior(s). In other words, extrinsic rewards can play a powerful role in encouraging students’ initial participation in an activity or behavior, if they are not already intrinsically motivated to do so. Therefore, with regards to reading incentive programs, it appears that the use of extrinsic rewards has the potential to have a positive influence on the reading behaviors of students who do not like to read, read infrequently, or avoid reading during independent reading time in the classroom.

positive reinforcement correctly via the provision of extrinsic rewards requires careful and systematic planning, delivery, and training in order to be effective in producing behavior change (e.g., Maag, 2001). Additionally, there is disagreement amongst researchers regarding the effects of extrinsic rewards on students' intrinsic motivation to engage in a behavior in general and the impact it may have on students' who already prefer to engage in the rewarded behavior. As a result of these caveats, a review of the intrinsic motivation literature and rewards literature is necessary in order to support school psychologists and educators in developing successful positive reinforcement programs using extrinsic rewards.

### **Extrinsic Rewards & Intrinsic Motivation**

The extent to which student's intrinsic motivation is harmed by rewards is a point of debate among researchers (Bear, 2010). Cognitive psychologists tend to view such rewards as potentially harmful *under certain conditions*. In 1999, Deci, Koestner and Ryan reviewed over 100 empirical studies that examined the influence of extrinsic rewards on intrinsic motivation. Their findings indicated that when rewards are delivered in a controlling manner (compared to in an informational manner) or when social comparisons are made regarding students' achievement of the rewards/tokens, extrinsic tangible rewards are likely to have a negative effect on intrinsic motivation to engage in the behavior. An example of using rewards in a controlling manner is "Everyone who reads 20 pages today during silent reading time will receive a token" whereas information feedback would be providing a token once the task is completed and saying "Johnny, you did a really nice job reading today." On the other hand, behavioral theorists and psychologists tend to focus on the extrinsic reward's effect on behavior, not on intrinsic motivation to engage in the behavior. That said, however, according to Bear (2010) behavioral psychologists concur that rewarding students for behavior they already engage in without providing informational feedback, or with feedback that is not clearly linked to the expected standards, can have produce small negative effects on intrinsic motivation.

This notion of clear expectations highlights the need to think critically about how to define and measure the target behaviors when developing reading incentive programs. First, individuals involved in the development of reading incentive programs must identify the goals of the program and then ensure that the reading behaviors that are going to be rewarded are directly observable, measureable and developmentally appropriate. Examples of broad goals include "increasing students' time spent actively engaged in reading" or "increasing students' exposure to different books or genres."

Second, although not directly discussed in the literature, it seems plausible that students' reading behaviors could be influenced by how reading is measured within the reading incentive program. For example, reading incentive programs frequently measure students' performance in terms of the number of pages or books read and once a certain criterion is met, students are granted access to the reward. For students who demonstrate strong reading skills and are engaged readers who typically read longer chapter books than their peers, say in the third or fourth grade, these students may return to reading shorter, easier 26

books with less interesting content in order to demonstrate their ability to achieve or surpass the goal. Thus the way in which the goal is measured plausibly could negatively influence students' reading behavior and over time, may hinder students' reading skill development by limiting their exposure to more difficult and challenging materials.

Given the extensive training school psychologists receive in measurement and data-based decision making, school psychologists can play an important role in aiding educators in setting measureable and objective reading goals that are developmentally appropriate. Additionally, school psychologists can also apply the strengths-based approach typically used within consultation and assessment activities to aid educators in thinking about what strategies they are already using to support students intrinsic motivation to read and how to incorporate such strategies into the larger school- or class-wide reading incentive program. For example, instructional practices such as providing opportunities to read for authentic purposes and allowing students to make choices about what they read, ensuring access to materials of varying difficulty levels, and encouraging students to set their own goals and evaluate their own performance have all been found effective in increasing students' intrinsic motivation to learn and read (e.g., Brophy, 1981; Guthrie, 2001) and are likely already being implemented at least to some degree in the classrooms. Defining what "counts" as reading very broadly to include any type of print (e.g., books, online magazines/stories, cookbooks, etc.) and encouraging teachers to stress this information to their students may also spark an increased interest in reading. Finally, school psychologists could help ensure that the program's goals and reading behavior definitions are developmentally appropriate by creating a list of example reading goals for students of differing ages and reading proficiency levels. Teachers could then use this document to assign students to specific goals or, better yet, enhance intrinsic motivation by using these goals as starting points to aid students in developing their own reading goals within the program.

### **Using Extrinsic Rewards Effectively: General Considerations**

Despite researchers general agreement on the potential extrinsic rewards have to increase positive behaviors and decrease negative behaviors when implemented correctly, several researchers have noted a number of practical limitations that may decrease rewards' effectiveness and hinder adequate implementation of systems-level reward programs. The limitations presented in this section were summarized by Brophy (1981) and Hattie and Timperley (2007) and can provide several useful insights for developing or adjusting reading incentive programs within schools.

#### **Individual differences in reward preferences.**

Simply stated, what one student finds rewarding and motivating is likely not reinforcing or motivating for all other students. Thus, for those students not currently engaging in reading (or those who are and are also going to be rewarded for it), a one-size-fits-all reward may not be motivating enough to warrant participating in reading behaviors. Allowing for student input or consulting with teachers about other "hot new items" students are interested in currently (such as silly bands, funky pencil toppers, Pokémon, etc.) may be<sup>27</sup>

one way to ensure that the reward is motivating for those students currently not displaying reading engagement to the expected or desired levels. Adding these items to a reward menu, with several reward options that students can choose from when they have met the desired reading goal, will increase the likelihood that a student finds one of the rewards motivating enough to begin engaging in reading more.

### **Potential for satiation.**

Rewards can lose their effectiveness overtime. That is, satiation can occur, especially when students receive the same reward repeatedly or very frequently (Bear, 2010). For those schools or classrooms with reading incentive programs in place all year long, it may be beneficial to re-examine the reward(s) students are working toward for reading: Providing a reward menu with choices may be one way to eliminate the possibility of satiation and increase the likelihood that every student finds at least one of the rewards on the menu to be reinforcing and motivating. The reward menu option could also support positive outcomes in schools where reading incentive programs are being developed for National Reading Month.

### **Administering Rewards: Developmental and feedback considerations.**

The manner in which rewards are delivered can have profound implications on the effect of the reward – whether it is actually reinforcing or, on the other hand, operates as punishment (Bear, 2010). Specifically, rewarding older students (such as middle or high school age students) publically for reading achievement could potentially serve as punishment (i.e., the addition of something aversive that decreases a behavior) rather than intended positive reinforcement. Moreover, evidence suggests that by about fourth grade, students are generally quite aware of how rewards and praise are delivered (Henderlong & Lepper, 2002). In particular, when rewards are administered - or perceived as being administered - in an insincere, manipulative or coercive manner, students are likely to notice, thus rendering the rewards less effective in producing or maintaining behavior change (Deci, et al., 1999). Furthermore, the findings of Deci and colleagues (1999) discussed previously suggest that delivering rewards in a controlling manner – as opposed to in an informational manner – have the potential to decrease intrinsic motivation. Therefore, in order to increase the likelihood of positive effects of the incentive program, educators need to think critically about how social to make the reward and individuals' progress toward the goal(s) (e.g., sticker charts, assemblies to honor individuals who obtain the goals) as well as ensuring rewards are delivered in an informational, rather than controlling manner. School psychologists could perhaps implement a training session or model the appropriate reward delivery behaviors at a staff meeting (or even within the classrooms), then allow time for practice opportunities in order to reiterate the need to attend to how rewards are delivered.

### **Conclusions**

In summary, although conflicting reports exists regarding the effects of extrinsic rewards on intrinsic motivation, researchers on both sides of the debate acknowledge that extrinsic rewards can be powerful tools to shape behavior when implemented in a conscientious and thoughtful manner (e.g., Deci et al., 1999). They also stress the importance<sup>28</sup>



of setting clear expectations for the behavior(s) and providing extrinsic rewards coupled with informational feedback. School psychologists can utilize their consultation role within the school to aid in the development of reading incentive programs that are more likely to foster engaged readers in a number of ways. Specifically, school psychologists can provide guidance in defining and measuring targeted reading behaviors and encourage educators to consider all the ways in which they currently supporting students' motivation to learn and exploring how to incorporate such practices into their incentive programs.

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## Perspectives

### **Internship Reflections and Experiences: The First 100 Days**

Caroline Wallace  
University of Southern Maine

Almost every day as I commute to school I'm mesmerized by a flock of black birds that appear to be making a morning commute of their own. Its still dusk and the image of these batches of birds flying overhead is somehow both eerie and comforting. Depending upon how late I stay at school, I'll catch this same migration again on my drive home.

Its funny how this little moment has become part of my daily ritual. I see it as a sign that despite being fully embedded in my internship year, if I can still stay cognizant that life exists outside of my work and study, then I'm doing okay.

All in all, I feel I'm faring better than I expected. You see, I'm completing my internship in a state where I know no one outside of my immediate family. This change of residence, moving from Maine to Washington, came unexpectedly; in April my husband responded to a call for resumes at Microsoft and to our huge surprise, was offered a job. Over the period of 2 months, we packed up our lives and Westward Ho! Here we are.

Clearly I'm not the first or last person to do an internship out of state; however, the circumstances behind this decision are a little less common. Imagine having your internship year 100% arranged and then whoosh! Suddenly sending mass emails to districts 2 weeks before school ends and praying, PRAYING, someone will take you. In the end it all worked out. I had lots of options and the school personnel with whom I connected were overwhelmingly understanding and receptive. Now imagine this process in tandem while organizing a cross-country move, putting your house on the market, finishing out a semester and practicum. Add this to the emotional struggles of leaving friends and family behind... Needless to say, things were tense.

Internship can be a stressful time as you apply the content and skills that you learned in your academic coursework while trying to build new relationships and navigate school culture. You cannot put a price on the importance of the wraparound supports of family, friends, and university; survival requires a commitment to perseverance and balance. Thus, as I round out my first 100 days, I find myself engaging in some self-reflection, self-assessment, and self-flagellation. The following are a few experiences and thoughts I've had to date.

### **Big picture: Country versus city mouse**

My original internship experience was scheduled to be in a moderately sized, rural school district in Maine (approximately 3300 total students, six schools, and three school psychologists). My current internship takes place in an urban district in Washington (approximately 9000 students, 13 schools, and 11 school psychologists).

There are cultural differences within these two contexts, most notably with regard to diversity. In my Washington district over 50 different languages are represented. There is also a significant transient population with services provided to both private and institutional schools including a developmental preschool and an inpatient facility for students with severe emotional and behavioral disabilities. Understandably, my placement includes experiences that differ greatly from those expected in my prior-planned district. In retrospect, my experiences with English Language Learners and understanding of cultural communities has afforded me with the most questions and enriched learning opportunities.

### **District experiences: Nuances specific to my district**

IEP Online.

My district subscribes to this sometimes good, sometimes evil, software program with which I have a love-hate relationship. IEP Online is a web-based program that houses a student's referral and services from beginning to end. Utilized by the special education staff, it allows for the input and tracking of eligibility evaluations and IEP programming, as framed within fields that ensure compliance with state and federal laws. On the positive side, it ensures students transferring across districts never lose their eligibility histories. It also speeds up the transfer and review process, ensuring smoother transitioning and continuation of services. While these are useful and important features, I do sometimes feel that it negates some of the creative qualities I would like to bring to a report. For example, it does not allow for the customization of text or adding tables. As a web-based program, it also has the tendency to become unresponsive unexpectedly, resulting in lost work. However, this program is beneficial in that it reinforces the reports' role as a component of organized compliance and not something that consumes my life (e.g., hours of customizing or re-inventing the wheel). My time is better spent with students and staff.

Data meetings.

Data is power. My university program taught us to abide by the mantra: "always let data be your guide." I am thrilled to see that data is valued and shared by educators in my district. I have attended several RtI data meetings and they are truly a brilliant expression of use data to guide decisions, begin discussions, and frame school needs. My district utilizes Data Dashboard, a web-based system for tracking data (i.e., state test scores, absence history, grade trajectories, etc.) that is available to staff, students, and parents. I have found this to be an invaluable tool in interviews with students and parents; I use it as a talking point around organization, academic feelings, teacher rapport, etc. I have also used it to assess how often students are checking it (or not checking it). Ultimately, data is not only empowering to those who embrace it, it is addictive because it is so highly reinforcing and grounds your

discussions on real and observable issues. Your understanding of a student or classroom situation will always be richer when considered empirically and thus your ability to derive thoughtful solutions is greatly enhanced.

School psychologist staff meetings.

The most precious commodity to a school psychologist is time. Adding another meeting to their already bursting schedule is hard. However, sharing information across schools, updates on program changes, and engaging in learning (e.g., webinars, etc.) are valued by the eleven school psychologists in my district, and therefore feel monthly meetings are a necessity. This is extremely important when you consider that students are frequently moving between schools and we all need to be aware of the most current information on programming and services. These monthly meetings are useful collegial time that provides support and information.

### **Individual experiences: My top four big thoughts**

One: Allow yourself the ability to make mistakes, learn from them, and move on.

Clearly this is a life lesson and not specific to internship. While making mistakes is part of any learning experience, it is also indicative of active engagement with the skill under consideration. I'd much rather be trying and failing than sitting on the sidelines or being afraid to try. My supervisors are big believers that the only way to learn is to jump in with both feet. While I had some harried moments, (e.g., five evaluations in my first two months) I quickly became acquainted with the schools, staff, and procedures. I made some mistakes but they were amendable and nothing but my pride was hurt. I am happy to report that I am developing a thicker skin. One of my supervisors uses a bright yellow highlighter when reviewing my reports and I no longer have dreams about destroying it in my garbage disposal. In the end, I take note of my mistakes, learn from them, but let them go.

Two: Embrace organization.

Luckily, my inner nerd shines in this area but I am continually shocked by how many things we juggle on a daily basis. I am always perfecting my process but I was surprised to learn the consistency of the "unknown" is something I really like. Don't get me wrong, I like things to go as planned; however, I like that every day brings something different. I like that a quick hallway chat with a teacher can solve a nagging missing piece or that a lunchroom discussion results in knowledge of a successful instructional practice. The best moments are most often the unplanned ones. Therefore, being flexible but mindful of your time is key. I try to spend my last few minutes of each day assessing what I accomplished and what I still need to do. One personal trick is a checklist that I tape on the inside flap of my files. This checklist contains all the required components of my evaluation: type of assessment, teachers who will be providing reports, medical information needed, etc. I have found this invaluable in providing a quick temperature check of the status of a referral. Another trick is that I input 32

data into my reports throughout the assessment process. This saves time at the end but also alerts me to outstanding components or questions. Overall, it's an organic process. As you conduct your evaluation you will obtain data from a variety of sources and teasing out the pertinent information frequently leads to additional questions or concerns. Your ability to provide best practice services is only as strong as your tolerance and stamina for constant multi-tasking.

Three: Relationships matter the most.

I am only as successful as the relationships I charter with my fellow school staff. Developing these relationships is not easy. School personnel likely view interns a little warily; we have to earn trust and respect one person, one meeting, one assessment, and one recommendation at a time. Humility carries weight: recognize when you make a mistake and take ownership, acknowledge the efforts of others, and do not be afraid to ask for help or clarification when needed.

Never underestimate the value of face-to-face meetings. Email is quick and easy; you can zip it off easily, include all kinds of detail, and organize your thoughts. I am queen of the long email; a writer at heart and a natural introvert, I'd much prefer to write a thoughtful email. However, something is invariably lost in translation over email. Hands down, I have always benefited more when I took the time to meet.

Practice what you preach: positive reinforcement works! School personnel live by the calendar and the clock; they are always on the move, pulled in thousands of directions, and rarely recognized for their efforts. I have found a "thank you" speaks volumes.

Real learning only comes from being an active participant in the school. It is so easy to become bogged down in reports, responding to emails, etc. in your office, but you must get out into the "streets" of your school.

- Look and listen. Observe a variety of the classes being offered. Understanding the various curricula being taught, the different teaching styles, and expectations builds your knowledge of school culture but also enhances your visibility with staff and students. Listen to what peers and students have to say; your proportion of listening to talking should fall heavy on the listening side.
- Be seen around the school. This means eating lunch with staff, being seen around the office area (especially if your office is nowhere near the main office and in a hole with no windows, ahem, that's me). Make connections with the office personnel, the security guards, and janitors; these are key people who know the ins/outs of the school and can make your experience more manageable.
- Be a joiner. I recently joined a bowling group supervised by a teacher at the high school. Every week, this teacher supervises a mixture of general and special education students at a local bowling alley. Ultimately, she's providing a safe place for students to gather, and enjoy camaraderie, and competition. Now I just may be the world's worst<sup>33</sup>

bowler (34 points in my first game), but I had a terrific time being part of the student community and observed peer relations. I've also joined Peer Assisted Learning Supports (P.A.L.S.) run by teachers in the life skills program for students with developmental delays and autism. Students meet weekly to discuss good things in their lives and also have regular outings in the community. This has been a great opportunity to interact with students and observe components of the program, as well as teacher-student and student-student interaction. Alternatively, I participate in a knitting group run by my supervisor at the elementary school. Sadly, I'm currently a Tier 3 knitter (and bowler) but I have not lost hope and can model "best effort" strategies to the students. From a staff perspective, I volunteer with a group of women staff members who donate their time and make dinner at a women's shelter in the district.

Four: Bring humor to your day.

Students are referred to us because there is a problem and usually that problem is significant, involving heavy medical, social/emotional, or academic needs. There is plenty of work, with no end to referrals, SSTs, meetings, paperwork, emails, and phone calls. A day never ends with me checking every item off my "to do list" or having it follow the course I expected. I have run the gamut of emotions: overwhelmed, exhausted, sad, relieved, confused, etc. Let's face it: we work hard and stress is ever-present. Laughter really is the best medicine. Not only is it therapeutic but a necessary survival skill. I have seen laughter fill an awkward moment in a meeting, soothe a stressed parent, or break the ice with a student. I've shared so many great laughs with my supervisors and fellow staff, some even at my expense (notably my bowling skills).

### **Concluding thoughts**

I moved from a state that had fewer people, fewer high rises, and fewer traffic jams. In my home in Gorham, Maine we had wild turkeys running through our yards, no locked doors, and snowmobiles riding on the streets in the winter. I now live on a postage stamp sized lot, take a four-lane highway to work, and still call my GPS my best friend. Am I in culture shock? You bet. Every day I'm putting myself out there, learning something new, making a new connection, and feeling concomitantly overwhelmed and invigorated. However, I'm excited for the coming months and what lies ahead for me. I have an expanding list of things that I want to do and see. Almost every experience I've had to date has led to more questions and ideas about gaps in my training, areas for improvement, changes in the field, areas of research, etc. Moreover, I feel increasing levels of confidence as I check off and expand my list of activities.

My current activities include studying for the Praxis, continued relationship building, and ongoing technical application of best practices. Undoubtedly, my ultimate goal of school placement weighs heavy on my mind. I feel a slight disadvantage given my limited exposure to school psychologists and schools outside of my district, something that would not

have been so pronounced had I stayed in my home state in which I had begun to foster relationships. This discomfort has ignited me to be involved in our state association (WASASP) as well as other state organizations. Therefore, I leave you with one final thought: never stop taking risks and challenging your limits. You can truly never predict the next bend in the road but you choose how to handle it. Carpe diem!

Caroline Wallace is a student in the School Psychology Master's Program at the University of Southern Maine. Currently, she is an intern in the Shoreline School District in Shoreline, Washington.

## **Goodbye to the SASP 2010 Executive Board!**

*Thank you for all your hard work!*

I enjoyed serving as your President-Elect this year! I learned a great deal from a fantastic president and hope to continue the momentum as the President of the 2011 board!

**Lindsey DeBor**

It was an honor and pleasure to serve as your Communication Chair for the 2010 year. Good luck and best wishes to the 2011 executive board!

**Stacy Bender**

It's been a fun two years working with you all. It has been my pleasure serving as the Student Liaison Chair (soon to be Student Interest Liaison) and getting to know everyone through SASP. Good luck to the next executive board! I'm sure you'll all have great ideas, suggestions, and changes to make this student organization even better.

**Jessica Blasik**

I had a great time serving as your technology chair this year! Best wishes to the 2011 e-board!

**Janine Kesterson**

Hello SASP! I would like to say thank you for allowing me to serve as your membership chair this last year. We grew from 266 members to 324 this last year... awesome! I hope the new board members see even more success this next year. Thanks again, and good luck in 2011.

**Karen Knepper**

I had a great time serving as your technology chair this year! Best wishes to the 2011 e-board!

**Janine Kesterson**

It has been an absolute pleasure to serve as the Diversity Affairs Chair. I hope the new chair enjoys the position as much as I did.

**Ovett Chapman**

It is hard to believe that 2010 is about to come to a close. I hope that you enjoyed and benefited from the activities of SASP over the past year. This year, SASP continued to grow, adding new members and chapters from around the country. We continued to expand the content of *FSTP*, and featured high-quality research and presentations at our annual Mini Convention. The SASP Executive Board continued to build relationships with students across the country through the SASP Network, and spread the word about opportunities such as the annual Diversity Scholarship. It has truly been a pleasure to serve as your SASP President. I am confident that next year's board will continue to provide valuable support and leadership for school psychology students at large. Best of luck to you all, and happy holidays!

**Kristen Rezzetano**



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